PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRÉSS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
25235								
· management	7590 98/08	V2006		11010				
-ESCHWEILER & ASSOCIATES, LLC HOGAN HARBON LLP					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE PEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
NATIONAL CITY BANK BUILDING ONE TABOR COUPER								
NATIONAL CITY BANK BUILDING ONE TABOR CONTER 629 EUCLID AVE., SUITE 1210 CLEVELAND, OH 44114 SUITE 1500								
CLEVELAND, C	1700 STREET				(Depositor's name)			
•	rea co 80207	and described the			(Signature)			
			*				(Date)	
APPLICATION NO FILING DATE		FIRST NAMED INVEN		ror	OR ATTORNEY DOCKET NO. CONFIRMATION NO.			
10/717,433 11/18/2003		Giuseppe Avellone		: 02-CT-418/DP 7004				
TITLE OF INVENTION	: METHOD AND DE	EVICE FOR SYNCHRO	ONIZATION AND IDE	ENT	IFICATION OF T	HE CODEGROUP IN CE	ELLULAR	
COMMUNICATION SY:	STEMS AND COMPU	TER PROGRAM PROD	UCT THEREFOR					
APPLN. TYPE	SMALL ENTITY	ISSUÉ FEE DUE	PUBLICATION FEE DI	Æ	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	لىسىد	\$0	\$1700	11/08/2006	
EXAMI	NER	ART UNIT	CLASS-SUBCLASS					
GESESSE, TILAHUN		2618	455-502000					
CFR 1.363). 2. For printing on the patent front page, list HOGAN & HARTSON L.L.								
CFR 1,363). Change of correspondence address for Change of Correspondence			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
Address form PTO/SB/122) attached. (2) the name of the page of the								
"Fee Address" indic PTO/SB/47; Rev 03-02	registered attorney	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3						
Number is required.	I registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AN			••	٠.				
PLEASE NOTE: Unle recordation as set forth	ss an assignée is identi in 37 CFR 3.11. Comp	fied below, no assignee detion of this form is NO	data will appear on the office of the data will appear on the office of the data will be detected the data will be detected to the d	e pa an a	tent. If an assigned issignment.	e is identified below, the d	ocument has been filed for	
(A) NAME OF ASSIG		IDENCE: (CITY and STATE OR COUNTRY)						
STMICROELE	CTRONICS S.F	R.L.	AGRATE BRIANZA (MI) ITALY					
Please check the appropria	te assignce category or	categories (will not be p	rinted on the patent):	<u> </u>	Individual 🐼 Cor	poration or other private gre	oup entity Government	
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)								
X Issue Fee	w	A check is enclosed.						
					it card. Form PTO-2038 is attached. ereby authorized to charge the required fee(s), any deficiency, or credit any Deposit Account Number 50-1123 (enclose an extra copy of this form).			
☐ Advance Order - #	of Copies		overpayment, to D	eby epos	aulborized to chargi iit Account Number	e the required fee(s), any de 50–1123 (enclose a	ficiency, or credit any in extra copy of this form).	
5. Change in Entity State	is (from status indicated	above)						
a. Applicant claims						LENTITY status, See 37 C		
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if regu cords of the United Stat	nired) will not be accepte les Patent and Trademark	d from anyone other that Office.	an th	e applicant; a regist	cred attorney or agent; or the	he assignee or other party in	
Authorized Signature	Och.		>		65-4	09.05.206)6	
100							en e	
Typed or printed name					Registration No		d of Market Address Address Address Address Address Agency of the State of the Stat	
This collection of informat an application. Confidentic	ion is required by 37 Clubby is governed by 37 Cl	FR 1.311. The informatic U.S.C. 122 and 37 CFR	on is required to obtain a 1.14. This collection is	or re	tain a benefit by the	public which is to file (and	by the USPTO to process)	
submitting the completed the form and the	application form to the	USPIO. Time will vary	depending upon the in	divi	dual case. Any con	iments on the amount of the	me you require to complete	
Box 1450, Alexandria, Vir Alexandria, Virginia 22311	ginia 22313-1450. DO	NOT SEND FEES OR	COMPLETED FORMS	TO	THIS ADDRESS	SEND TO: Commissioner	g gathering, preparing, and gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	
rickemina, andmin erai.	5" 1"(JU),					splays a valid OMB control		